

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

May 9, 2023 9:00-10:00 AM

Join ZoomGov Meeting

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Meeting ID: 161 688 9251

Passcode: 157025 (669) 254-5252

Meeting Objectives:

- Approve April 11 and April 28 meeting minutes
- Continue to discuss, and make recommendations for, vaccine preventable disease indicators
- Discuss upcoming presentation of communicable disease indicator recommendations to the Public Health Advisory Board

Subcommittee members: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Ryan Petteway, Sarah Present, Jocelyn Warren

PHAB's Health Equity Policy and Procedure

9:00-9:10 AM	 Welcome and introductions Approve April 11 and April 28 meeting minutes Review group agreements and proceeding with metrics discussions that are person-centered 	Sara Beaudrault, Oregon Health Authority
9:10-9:40 AM	 Vaccine preventable disease indicator recommendations Continue to discuss recommendations for vaccine preventable disease indicators Continue to discuss opportunities to use metrics to advance racial equity and community engagement 	All
9:40-9:50 AM	Communicable disease indicator recommendations Decision: Is the subcommittee prepared to recommend sexually transmitted infection and vaccine preventable disease indicators to PHAB? If	

	not, what additional information would the subcommittee like to discuss?Discuss Thursday's presentation to PHAB	
9:50-9:55 AM	 Subcommittee business Discuss meeting schedule for environmental health indicator discussions Next scheduled meeting is June 13 from 9:00-10:00 	All
9:55-10:00 AM	Public comment	
10:00 AM	Adjourn	All

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

PHAB Accountability Metrics Group agreements

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together



PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

April 11, 2023 9:00-10:00 am

Subcommittee members present: Jeanne Savage, Sarah Present, Kat Mastrangelo, Jocelyn Warren,

Cristy Muñoz

Subcommittee members absent: Ryan Petteway

OHA staff: Sara Beaudrault, Kusuma Madamala, Rose Harding, Ann Thomas, Rex Larson, Zintars Beldavs, Jillian Garai, Kelly Mcdonald, Ernesto Rodriguez, June Bancroft, Amanda Spencer **Guest presenters:** Kathleen Rees, Lauralee Fernandez, Kathleen Johnson, Brian Leon

Welcome and introductions

- Sara gave review of conversations from previous meetings and reviewed the agenda.
- Introductions
- Subcommittee voted to approve minutes from 3/3/2023 and 3/14/2023 meetings.

Sexually Transmitted Infections (STIs)

- Sara B:
 - o If STIs are selected as a priority area, OHA recommends the following indicators:
 - Rate of congenital syphilis
 - Rate of syphilis (all stages) among people who can become pregnant
 - Rate of primary and secondary syphilis
 - CHLO metrics workgroup recommends staying focused on syphilis, though gonorrhea could also be added.
- Jocelyn: what was the rationale behind wanting to include gonorrhea?
 - Sarah P: Gonorrhea was a prior metric, so there is some desire among some health officers to have consistency across public health modernization work and it is believed that gonorrhea metrics make it easier track the impact of an LPHA.
 - Jeanne: Metrics should be used to help address root causes of disease, so if tracking gonorrhea metrics can help do that, then it makes since to include them.
 - Sarah P: The public health approach to syphilis and gonorrhea are very different.
 Gonorrhea is treated as a general sexual health issue, where syphilis is approached in a way that also focuses on interventions aimed at preventing congenital syphilis.
 - Tim: Syphilis is greatly influenced by social determinates of health, so by looking at syphilis (especially congenital syphilis) we can clearly see the connection between sexual health and the social determinants of health.
 - Brian: Some of the approaches for finding gonorrhea cases don't work for finding syphilis cases, but all the approaches for finding syphilis cases can find gonorrhea as well. When trying to prevent congenital syphilis, case finding is key.

- Kathleen R: Syphilis is a good place to start to show the impact of social determinants of health and the impact of interventions addressing social determinants. After being able to demonstrate change in syphilis related metrics, we can look at other more expanded metrics down the road.
- Sarah P: Are there ways to track pregnant people who have had appropriate syphilis treatment?
 - Tim: OHA is currently working on a congenital syphilis dashboard which will focus on cases referred.
- Is there a way to see the rate of pregnant people who are screened for syphilis?
 - Tim: OHA does not collect that through our surveillance system as we don't currently have the right systems or staff capacity to do that right now. We are looking to see if there are data sources that could be used (for example, claims data).
- Subcommittee members agreed to recommend STIs as a priority area and using the indicators around syphilis.

Vaccine Preventable Diseases

Rex Larson and Ann Thomas

- Immunization rates are currently down following the COVID-19 pandemic. This is likely due to primary care interruptions during COVID, and the COVID-19 vaccine role out interfered with routine vaccine administration especially the flu vaccine.
- OHA recommends any combination of the following indicators:
 - Rates of high impact vaccine preventable diseases, including by race, ethnicity, gender, sexual orientation, housing status, and injection drug use.
 - o Adolescent vaccination rates and adolescent HPV rates
 - Adult vaccination rates
 - 2 year-old vaccination rates
 - o School vaccination rates and non-medical exemption rate
- The data available for vaccination rates starts with ALERT IIS (Oregon's immunization registry).
- Immunization is a good synergy metric as CCOs have existing incentive metrics.
- With many vaccine-preventable illnesses, the very young and older individuals are most at risk. Most of the burden of disease disproportionately falls on minority groups.
- Data from ALERT IIS can be stratified in many ways. While there is race and ethnicity data, there is not REALD or SOGI data.
- Most vaccine preventable disease cases that are reportable have case interviews through which REALD/SOGI information can be obtained.
- Ann reviewed Oregon pertussis data and included breakdowns by age, race, and ethnicity.
- Rex gave overview of 2 year-old vacation rates in Oregon and highlighted some of the disparities based on race and ethnicity and private/public insurance type.

Subcommittee business

Sara B

- Subcommittee will meet again on 4/28/2023 to further discuss vaccine preventable diseases and seasonal/emerging respiratory pathogens.
- Subcommittee should be ready to take communicable disease recommendations to PHAB meeting on 5/11/2023.
- Subcommittee will take environmental health priorities to PHAB in June.

Public Comment

Duane West provided comment noting that his concern is radon induced lung cancer.

Meeting was adjourned